### STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

I. Name of Lobb	yist(s) Georg	e W. Ro	ussos and	d Lindsay E	. Nadeau	UCI 25 2017
II. Name of lobb	yist's partnersh	ip, firm or c	corporation, if	any:		NEW HAMPSHIRE DEPARTMENT OF STATE
Orr & Ren						
	(Name of partners	hip, firm or co	orporation)			•
45 S. Ma:	in St. Po	Box 35	50 Conc	ord	NH	03302
Business Address:	(Street)		(Town/City)	(	(State)	(Zip Code)
(603) <u>224-23</u> (Telepho		(603)	224-231 (Fa		lnadeau	@orr-reno.com
reportable expen	se transactions	which are n	ot attributable	e to any one client)		file a separate report for
All reportable Cigna	transactions occ	urring in the	months prior to	o the reporting date	relative to the	following client:
Cigna	(Full Name	of Client as it	t appears on the I	obbyist Registration	Form)	
<u>OR</u>	·		••	, ,	,	
☐ All reportable unrelated to any p		he lobbyist (	including the lo	bbyist's family), or	the lobbying f	irm listed below which are
IV. Date of Repo	rt April 26,	2017 🛘		July 26, 2	2017 🗆	
	activity from date		n to 3/31/17	activity from 4/1.		
		25, 2017 🛭 7/1/17 to 9/30	0/1 <i>7</i>	January 3 activity from 10	31, 2018 🗌 /1/17 to 12/31/17	,
	ked, complete jus			le transactions m the Secretary of Sta		last report.   He House, Room 204,
VI. Check if add	itional reports a	re attached	•			
				file Addendum A-	- Fees and Exp	enses
-	aid an honorariu	-	-		=	rt of Honorariums or
☐ If you, your f	irm, or your fam	ily has made	political contri	butions, you must f	ile Addendum	C- Political Contributions
Sworn Statement I have read RSA I and complete to the	15, RSA 15-B, R	SA 14-C and		hereby swear or aff	irm that the for	egoing information is true
MI In	1/1/11	/		10/2	5/2017	
Signature of lob	byist)		<del></del>	<u></u>	(Date)	
Lindsay E	. Nadeau					
(Print Name of lo	bbyist)		<del></del>			

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay	E. Nac	leau
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A.		
(Name of partnership, firm or corporation)		<del>,</del>
III. Name of Client Cigna	Date _	10/25/17
<ul> <li>IV. Fees Received</li> <li>Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:</li> <li>a) Total of all fees received in this reporting period</li> <li>b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)</li> <li>c) Total of all fees received to date (Add lines a and b)</li> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	a) \$ b) \$ c) \$	or public relations services
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and in a period aggregate penses; (been meals person strains \$10 decired with a verting period e of great r than \$25 expense	if expenditures are made by ed for the lobbyist(s)/firm. to total of all expenses paid to the aggregate total of all burchased during a business that is given to the person alue of \$25.00 or less); and of greater than \$25.00 for ter than \$25, purchase of a 5, but not greater than \$50, reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$	0.00
in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees du	iring this reporting
Paid to:	Amount:	
	\$	. <u>.</u>
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the fore	egoing information
AN de la constant	10/05/	17
(Signature of lobbyist)	10/25/ (Da	·
Lindsay E. Nadeau		
(Print Name of lobbyist)		

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# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irma	tion l	by Lo	obbyist
Statem	ent of	Income	and l	Expe	nses	for:

Name of Lobbying partn	ership, firm, or corpo	ration: Orr & Reno,	P.A.
Name of Client (leave bl	ank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Cign	a		
Date of Report (check of	ne):		
April 26, 2017 □	July 26, 2017 🗆	October 25, 2017 ⊠	January 31, 2018 □
			•
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m			nt and each Addendum is true and
(Signature of lobbyist)	A		/25/17 (Date)
- 1			•
Lindsay E. Nad	eau		
(Print Name of Johnvist)			